

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of Rice

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146

County Registrar No. _____

Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Minnie Ward (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 4 13 26 Month Day Year

8. FATHER Full name Frank Ward

9. Residence (Usual place of abode) Gila, Ariz If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Rice (State or country) Ariz

13. Occupation Common Labour Nature of Industry

14. MOTHER Full maiden name Sadie Thorne

15. Residence (Usual place of abode) Gila, Ariz If non-resident, give place and state.

16. Color or race 4/4 Indian 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Rice (State or country) Ariz

19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was Born alive at (?) m. on the date above stated (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature C. H. Sawyer MD (Physician or midwife). Address San Carlos, Ariz

Given name added from a supplemental report _____ Filed _____, 19 _____ Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

664-413-235